



# Customer Complaint Form

Use this form to lodge a complaint about any of Council's services.

Once completed, please forward to the **Clare & Gilbert Valleys Council** by either:

- Hand deliver to the Council Office, 4 Gleeson Street, Clare
- Fax: 08 8842 3624 • Email: [admin@cgvc.sa.gov.au](mailto:admin@cgvc.sa.gov.au)

Complainant Details:			
Title:	Surname:	First Name:	
Address:			Postcode:
Home Phone:	Work Phone:	Mobile:	
Fax:	Email:		

Witness Details (if applicable):			
Title:	Surname:	First Name:	
Address:			Postcode:
Preferable phone number to be contacted on:			

Details of Complaint (in your summary, if applicable, please include date, time, place, people involved and any background information that could be useful):

Complaint Outcome:		
Would you like to be contacted regarding the outcome of your complaint	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has this complaint been raised with Council before <i>If yes, please provide any documentation regarding your previous contact</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
As a result of making this complaint, is there any outcome you would like	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please provide details:		
Complainant Signature:		Date:

<b>Council Office Use Only:</b>				
<b>Acknowledgement of Complaint:</b>				
<b>Received by Council Officer:</b>		<b>Signature:</b>		<b>Date:</b>
<b>How was the complaint received:</b>				
Over the counter <input type="checkbox"/>	Phone <input type="checkbox"/>	Letter <input type="checkbox"/>	Fax <input type="checkbox"/>	Email <input type="checkbox"/>
Other _____				
<b>Was a response provided to complainant by Council Officer:</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If yes, please provide details of the response:</i>				
_____				
_____				
_____				
<b>Complaint Investigation Details:</b>				
Council Officer investigating the complaint:				
_____				
Position of Council Officer: _____		Date of Investigation: _____		
<b>Details of investigation:</b>				
_____				
_____				
_____				
<b>Actions arising from investigation:</b>				
_____				
_____				
_____				
_____				
<b>Are the Actions: URGENT</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Due
<b>NON URGENT</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Completed
<b>Has the Complainant been notified of Outcome:</b>				YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If Yes, date notified:</i> _____				
<b>File N°:</b> _____		<b>Record N°:</b> _____		<b>Location of file:</b> _____